

**HIV PRIMARY CARE MEDICAID PROGRAM
ALLOWABLE SAME DAY PAYMENTS**

Chart 1

Visits Effective November 1, 2006

Visit Type	1610/2870 Non-HIV Clinic Visit	2879 Emergency Department Visit*	3109 HIV Pre-Test Counseling Without Testing	1695/2983 HIV Testing Visit	1802/3111 HIV Counseling (Positive)	1697/2985 Initial/Annual HIV Medical Evaluation
3109 HIV Pre-Test Counseling Without Testing	YES	NO	<p align="center">Important Notes When same day reimbursement is claimed, the medical record must indicate that distinctively different services were provided</p>			
1695/2983 HIV Testing Visit	YES	YES MUST USE RAPID HIV TEST DEVICE				
1802/3111 HIV Counseling (Positive)	YES	YES	NO	RAPID TEST YES		
				STANDARD TEST NO		
1697/2985 Initial/Annual HIV Medical Evaluation	YES	NO	NO	NO	YES	
1699/2987 HIV Monitoring	YES	NO	NO	NO	YES	NO

**YES = ALLOWED
NO = NOT ALLOWED**